

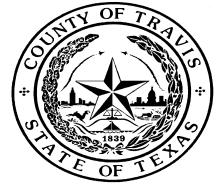
**Office Use Only**

Date Received \_\_\_\_\_ Amt \$ \_\_\_\_\_ Check # \_\_\_\_\_

Received By \_\_\_\_\_ Receipt # \_\_\_\_\_ Permit # \_\_\_\_\_



**Austin/Travis County Health and Human Services Department**  
Environmental and Consumer Health Unit  
P.O. Box 1088 Austin TX 78767  
Phone (512) 978-0300 Fax (512) 978-0322  
<http://www.ci.austin.tx.us/health/commercial.htm>



**Walk-in Location:** 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance  
(No Mail Accepted here)

**Request for Custodial Care Inspection**

**In accordance with City of Austin Ordinance # 010910-5 inspections will not be scheduled until fees have been paid and this form has been completed.**

**Facility Type** \_\_\_ Day Care \_\_\_ Group Residence \_\_\_ Foster Care \_\_\_ Adoption \_\_\_ Other

**Inspection Type** \_\_\_ New Facility \_\_\_ Annual Reinspection \_\_\_ One Time Inspection (Adoption Only)

**Name of Facility** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Address of Facility** \_\_\_\_\_  
Street City Zip Code

**Name of Owner** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Contact Person for Appointment** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**City of Austin and Contracted Municipalities**

\$60 Inspection Fee for each inspection conducted

**Travis County**

no fees

**No refunds for any reason after 180 days from receipt of payment.**

Fee payable to Austin-Travis County Health and Human Services Department (ATCHHSD) Mail to:  
**ECHU Custodial Care • PO Box 1088 Austin, TX 78767**